

Application for a Center or Hourly Center Child Care License or a Change of Center Owner or Director

Note: It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items have been received by the Bureau.

A. IDENTIFYING INFORMATION:

Facility Name: _____ Phone #: (____) _____

Facility Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Director: _____ Phone: (____) _____

Cell: (____) _____ (If this application is for a change in director, see instructions in # 3 below.)

B. TYPE OF FACILITY AND CAPACITY:

☐ CENTER

Requested Capacity: _____

Requested # of children under 2 years: _____

Approved Capacity: _____ Under 2: _____

(Leave blank – determined by Licensing)

☐ HOURLY CENTER

Requested Capacity: _____

Approved Capacity: _____

(Leave blank – determined by Licensing)

C. ACTION REQUESTED & DOCUMENTS REQUIRED:

If you are requesting more than one action, check all boxes that apply for items 1-7 below.

1. ☐ Initial License, or ☐ Change of Ownership

_____ This application form, completely filled out, signed, and dated.

_____ \$200.00 application fee made payable to: Utah Department of Health.

_____ \$25.00 license fee plus \$1.50 per child, based on requested capacity.

_____ Completed CBS/MIS Consent & Release of Liability forms. Please see the enclosed information sheet for background screening and fingerprint requirements.

_____ Fingerprint card(s) and \$24.00 per person fee for each person who has not continuously resided in Utah for the past 5 years. A separate check or money order is required for fingerprint fees.

_____ Copy of fire clearance. (Contact your local fire authority to obtain this clearance.)

_____ Copy of current city business license or receipt verifying application. (Contact your city/county to obtain this license.)

_____ Local health department inspection. (Contact your local health department to obtain this inspection.)

_____ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined in the child care rules given to you by the Bureau. An application for Change of Ownership does not require documentation of director qualifications if the director is remaining the same.

2. ☐ Annual License Renewal Application

- _____ This application form, completely filled out, signed, and dated.
- _____ \$25.00 renewal application fee plus \$1.50 per child based on licensed capacity.
- _____ Completed Request for Annual Renewal of CBS/MIS Criminal History Information form. Please see the enclosed information sheet for background screening and fingerprint requirements.
- _____ Fingerprint card(s) and \$24.00 per person fee for each person required to submit fingerprint cards, unless the person has already passed the FBI fingerprint clearance. A separate check or money order is required for fingerprint fees.
- _____ A current local health department inspection.
- _____ A copy of your current business license.

3. ☐ Change of Director

- _____ A completed CBS/MIS Consent & Release of Liability form for the new director unless the Bureau has already completed a background clearance for the new director within the past six months.
- _____ Copy of director qualifications credentials. You must provide documentation of the director's credentials as outlined in the child care rules given to you by the Bureau.

4. ☐ Change of Location

- _____ \$25.00 fee, only if the provider has had more than two changes during the current licensing year.
- _____ Copy of current fire clearance for your new location.
- _____ Copy of current city business license for your new location.
- _____ Current local health department inspection for your new location.

5. ☐ Increase or Decrease in Your Licensed Capacity

- _____ Requested increase in total capacity: _____
- _____ Approved increase: _____ (Leave blank – determined by Licensing)
- _____ Requested increase in capacity for children under age two: _____
- _____ Approved increase: _____ (Leave blank – determined by Licensing)
- _____ \$1.50 per child fee for a requested increase in capacity, if an increase is being requested
- _____ \$25.00 fee, only if the provider has had more than two changes during their current licensing year.
- _____ Requested decrease in capacity: _____

6. ☐ Change of Facility Name

- Previous facility name: _____
- New facility name: _____
- _____ \$25.00 fee, if the provider has had more than two changes during their current licensing year.

7. ☐ Deemed Status

- _____ Request for Initiation of Deemed Status.
- _____ Date of scheduled exit interview with accrediting agency: ____/____/____
(Your Licensing Specialist will attend this interview.)
- _____ Copies of inspection reports and recommendations, and progress reports for all corrective actions underway or completed in response to the accrediting agency's or the Department's recommendations.
- _____ Request for Continuation of Deemed Status. (Include copy of your current accreditation certificate).
- _____ Date of last accreditation: ____/____/____
- _____ Relinquishment of Deemed Status. Date relinquished: ____/____/____

D. CRIMINAL IDENTIFICATION SCREENING (CBS/MIS)

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license submit to the Department the name and other identifying information, which may include fingerprints, of existing, new and proposed: owners; director; members of governing body; employees; providers of care; and volunteers; except parents of children enrolled in the programs. This information will be used to screen the individuals for criminal history through the Bureau of Criminal Identification (BCI) and the Department of Human Services Management Information Systems.

Completed CBS/MIS Consent & Release of Liability form(s) are included with this application for all existing, new, and proposed:

- _____ Owners
- _____ Director(s)
- _____ Members of the governing body
- _____ Employees
- _____ Providers of care
- _____ Volunteers (except parents of children enrolled in the program)

For Bureau office use only: Date fingerprints were sent to FBI for clearance: ____/____/____

E. OWNERSHIP

Complete ownership information is required on all applications. Do not write "On File" or any other explanation below. This information is recorded and reviewed for all applications submitted

Owner's Name: _____ Phone #: (____) _____

Address: _____

Check one box only:

1. ☐ Individual Owner
2. ☐ Corporation:
On the following page, identify the corporation by name, address, and phone number. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).
3. ☐ Partnership:
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
4. ☐ Limited Liability Company:
On the following page, identify each partner by name and include addresses and phone numbers for each individual. (Attach additional pages if needed).
5. ☐ Other:
Attach a page describing the ownership arrangement. Identify all owner(s), officer(s), board member(s), etc. by name and title. Include addresses and phone numbers for each individual. (Attach additional pages if needed).

On the following page, include the names, addresses, telephone number, and percentages of stock, shares, partnerships or other equity interests for each owner, officer, board member, and any other person having greater than 25 percent interest in the facility. Use additional pages if necessary.

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

Name: _____ **Title:** _____

Address including Zip Code: _____

Telephone #: (____) _____ % of interest in facility if 25% or more: _____

F. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect the facility, property and premises without a warrant at any time the center is open for care.
2. Review facility documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Applicant

Date _____

Mail completed application, fees, and all required application documents to:

Bureau of Child Care Licensing, Northern Region
P.O. Box 650
Layton, Utah 84041

(801) 444-2950
Toll Free: 1-800-883-9375